<u>Keller</u>	
	)
	_
nce Communication	
nmunication to Board and Interferences	
munication to Group  Brief, Reply Brief)	
Information	
er	
Enclosure(s) ntify below):	
l ferences.	

CAN 2823

OIPE	Please type a plus sign (+) inside this box  Under the Paperwork Reduction A valid OMB control number.	لنا		PTO/SB/21 (6-98) use through 09/30/2000. OMB 0651-0031 ffice: U.S. DEPARTMENT OF COMMERCE collection of information unless it displays a
JUL 0 7 20		~.	Application Number	09/118,359
JUL 0 7 20	TRANSMIT	TAL	Filing Date	July 17, 1998
RADEM	FORM		First Named Inventor	J. Dennis Keller
	(to be used for all correspondence a	ifter initial filing)	Group Art Unit	2823
			Examiner Name	B. Abbott
	Total Number of Pages in This Subm	nission 4	Attorney Docket Number	er MI22-587
		ENCLO	SURES (check all that ap	ply)
	X Fee Transmittai Form		nent Papers Application)	After Allowance Communication to Group
•	X Fee Attached	Drawing	g(s)	Appeal Communication to Board of Appeals and Interferences
	Amendment / Response	Licensin	ng-related Papers	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
	After Final	Petition and Acc	Routing Slip (PTO/SB/69) companying Petition	Proprietary Information
	Affidavits/declaration(s)	11 1	to Convert to a	Status Letter
	Extension of Time Request		of Attorney, Revocation of Correspondence	Additional Enclosure(s) (please identify below):
	Express Abandonment Request Supplemental		I Disclaimer	Postcard Cited references.
	X Information Disclosure Statemen	<b>√</b>	intity Statement	dicta references.
	Certified Copy of Priority Document(s)	Remarks		170
	Response to Missing Parts/ Incomplete Application		T	JUI 2800
	Response to Missing Parts under 37 CFR			

Signature Date CERTIFICATE OF MAILING I hereby certify that this correspondence is being d posited with th United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Pat nts, Washington, D.C. 20231 on this date: Typed or printed name Robin Şaldiviş

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Wells, St. John, Roberts, Gregory & Matkin P.S. 601 W. First Ave., Suite 1300, Spokane, WA 99201-3828

Reg. No. 36,138

Frederick M. Fliegel, Ph.D.

1.52 or 1.53

Firm

Individual name

Signature Date Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be send to the Chief Information Officer Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/17 (12/99) Approved for use through 09/30/2000. OMB 0651-0032

ī	mer the Paperwork Reduction Act of 1995, no persons are required to re	Patent and Tra-	demark Office: U.S. DEPARTMENT OF COMMERCE mation unless it displays a valid OMB control number.
FEE TRANSMITTAL		Complete if Known	
	- non III	Application Number	09/118,359
	<sup>1</sup>	Filing Date	July 17, 1998
	Patent fees are subject to annual revision.	First Named Inventor	J. Dennis Keller
<u> </u>	Small stity payments <u>must</u> be supported by a small entity statement, see Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.  TOTAL AMOUNT OF PAYMENT  (\$) 240.00	Examiner Name	B. Abbott
		Group / Art Unit	2823
		Attorney Docket No.	MT22-587

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)					
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:  Deposit	3. ADDITIONAL FEES  Large Entity Small Entity Fee Fee Fee Fee Fee Code (\$) Code (\$)	ee Paid				
Account Number 23-0925	105 130 205 65 Surcharge - late filing fee or oath					
Deposit Account Wells, St. John et al.	127 50 227 25 Surcharge - late provisional filing fee or cover sheet.					
Name Maria de	139 130 139 130 Non-English specification					
Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17	147 2,520 147 2,520 For filing a request for reexamination					
2. X Payment Enclosed:	112 920* 112 920* Requesting publication of SIR prior to Examiner action					
Check Money Other	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action					
FEE CALCULATION	115 110 215 55 Extension for reply within first month					
1. BASIC FILING FEE	116 380 216 190 Extension for reply within second month					
Large Entity Small Entity	117 870 217 435 Extension for reply within third month					
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	118 1,360 218 680 Extension for reply within fourth month					
101 690 201 345 Utility filing fee	128 1,850 228 925 Extension for reply within fifth month					
106 310 206 155 Design filing fee	119 300 219 150 Notice of Appeal	<del>}</del>				
107 480 207 240 Plant filing fee	120 300 220 150 Filing a brief in support of an appeal					
108 690 208 345 Reissue filing fee	121 260 221 130 Request for oral hearing  138 1 510 138 1 510 Petition to institute a public use proceeding					
114 150 214 75 Provisional filing fee	Detition to review upgraidable	三番				
SUBTOTAL (1) (\$) 0	1					
	141 1,210 241 605 Petition to revive - unintentional					
2. EXTRA CLAIM FEES Fee from	142 1,210 242 005 Carry result for					
Extra Claims below Fee Paid	143 430 243 215 Design issue fee 123 144 580 244 290 Plant issue fee 123 144 580 244 290 Plant issue fee 125 145 145 145 145 145 145 145 145 145 14	3 m				
Total Claims 20** = X = X	122 130 122 130 Petitions to the Commissioner	5 0				
Claims	<b>( −</b>					
**or number previously paid, if greater, For Reissues, see below	t couldn't related to provisional applications					
Large Entity Small Entity	Capital Solid of an office of the Capital Capi	240.00				
Fee Fee Fee Fee Description Code (\$) Code (\$)	581 40 581 40 Recording each patent assignment per property (times number of properties)					
103 18 203 9 Claims in excess of 20	146 690 246 345 Filing a submission after final rejection (37 CFR § 1.129(a))					
102 78 202 39 Independent claims in excess of 3 104 260 204 130 Multiple dependent claim, if not paid	149 690 249 345 For each additional invention to be					
109 78 209 39 ** Reissue independent claims over original patent	Other fee (specify)	<del></del>				
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	Other fee (specify)					
SUBTOTAL (2) (\$) 0	Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 240.	.00				
SUBMITTED BY Complete (if applicable)						
Name (Print/Type) Frederick M Eliogol Dh D Registration No. 36 139 Telephone 500-624-4276						
Signature Signature	Date	0.300				

WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.